S. No. 2
M—5-42
. 5-17-39
P I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19106

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Putnam Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week (Specify whether years, months or days)

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 505 North English
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Lucille I. Merchant

3. (b) If veteran, name war #

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James P. Merchant

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased October (Month) 8 (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	6	4	hr. min.

9. Birthplace Slater (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business " "

FATHER

12. Name Fred W. Eikerman

13. Birthplace Osage Co. (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name Opal Snider

15. Birthplace Linn (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Fred W. Eikerman

(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director J. Leslie Sussing

(b) Address Marshall, Mo.

19. (a) 4-15-46 (Date received local registrar) (b) Theo. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-12- day year 46 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Mar. 30, 1946 to April 12, 1946 that I last saw h. liv. alive on 4-12-, 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pulmonary Embolism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Left ovary hematoma and cyst of tube

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature H. L. Putnam (M. D. or other)

Address Marshall Mo Date signed 4-13-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
istrict File Number
Date Filed 5-15-46

OCT 1 4 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ✓ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. Leslie Sweeney
Licensed Embalmer No. 3235
P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.